Campaign Finance Rep Short Form ETHCF-2a	Ethics ID Number	_
ρ Spring ρ Fall ρ Special Pre-Primary	O Continuing Report due Jan. 15,	
ρ Spring ρ Fall ρ Special Pre-Election	ho Continuing Report due July 15,	
	O Continuing Report due 4th Tues Sept., 2018	_
Jaroh Poplhan		
Name of Candidate or Committee (in full)	Green Roy 54303	
Address 920 - 321 - 45	Name of the state	
Daytime Phone		-
disbursements, or incur obligations during the	te did not receive contributions or other income, make d covered by this report and that the cash balance remains filing requirements under Sec. 11.0103(3)(d), Stats.	···
Signature of Committee Treasurer or Candid	Date Email Address 9/4/2018 Jtpaphanes	yahoo.con

Phone: 608-261-2028 | Fax: 608-264-9319 | Web: https://cfis.wi.gov | Email: GABCFIS@wi.gov



Short Form for use "No Activity" Reporting

	FINANCE REPORT	MOTAL	2232425
Is This Report an Amendment:	□ No	20212	1 Ses
Instructions for completing schedules are on the back	of each schedule.	18/1	RECEIVED 2030
COMMITTEE IDENTIFICATION		10 7	2010 30
Name of Committee The lands of Vander Leest Street Address		1911 1878 1878 1878 1878 1878 1878 1878	andra L Jung
1616 9th Street		C. OF	OLED 195
City, State and Zip Code Live BAY WI 54304			20823
Please check if address is different than previously reported, and	complete the Campaign Reg	istration Statement in the b	ack of this form.
NAME OF REPORT			
January Continuing Pre-Primary July Continuing Dol 8 Pre-Election	Spring F	fall Special	Termination Report also complete Schedule 4
SUMMARY OF RECEIPTS AND	Column A	Column B	
DISBURSEMENTS	This Period	Calendar	
1. RECEIPTS		Year-To-Date	
1A. Contributions (Including Loans) from Individuals	s (Q	\$ 8,010.00	
1B. Contributions from Committees (Transfers-In)	\$ Q	\$ 125.00	
1C. Other Income and Commercial Loans	\$ 0	\$ -	ii
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ \(\)	\$ 8,/35.00	
2. DISBURSEMENTS		/	
2A. Gross Expenditures	s 514.70	s 971.46	
2B. Contributions to Committees (Transfers-Out)	\$ 6	\$ \(\hat{Q} \)	
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 514.70	\$ 971.46	
CASH SUMMARY	,		
Cash Balance Beginning of Report	\$ 14,705.49		
Total Receipts	\$ &		
Subtotal	\$ 14,705.49		
Total Disbursements	\$ 514.70		
CASH BALANCE END OF REPORT	\$ 14,190.79		
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	s —		
LOANS (Balance at the Close of This Period-3B)	\$ -		
I certify that I have examined this report and to the best of m	y knowledge and belief it i	s true, correct and compl	ete.

Type or Print Name of Candidate or Treasurer

Signature of Candidate or Treasurer

Date: 925/18

Daytime Phone: 920-448-4179

NOTE: The information on this form is required by ss. 11.0204, 11.0204, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.1400, 11.1401, Wis. Stats.

SCHEDULE 2-A

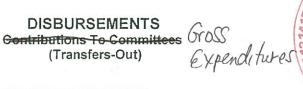
DISBURSEMENTS Gross Expenditures

Complete Committee Name Vander Leest

men	as of vanueracest		OLGS LOCA ET
Instructions for	completing schedules are on the back of each schedule.		0169100486
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
8/13/18	Office MAX 2817 Oncida Street Green BAY WI SY304 Check'if: [E] In-Kind Offiset SY304	Paper, ink	6193.94
8/14/18	to 18 AFTE	Cutting literature	\$13.89
8/14/18	1 1 / A LII	Design	\$ 67,50
8/20/18	Office MAX 2817 Orlida At Green BAY, WI 54304 Check if: In-Kind Offset	Paper, Ink	\$139.27
8/24/18	To 1 Cy A Chia	Cutting literature	\$13.89
8/23/18	By Apple Bagels 2321 S. Oreida At Freez BAY WF SY304 Check II: [] In-Kind Offset	Food for volunteers	\$9.40
8/23/18	Walgreens 2301 S. Oneida St Sheen BAy WI 54304	Water for Volunteers	\$3.17
8/23/18	LA EX Office 2279 D. Oneida Nt Sheen BAY WI Check if: [] In-King Offset 5430 4	Cutting literature	\$7.6/
	SUB	TOTAL ITEMIZED EXPENDITURES THIS PAGE	s 448.67
		TOTAL ITEMIZED EXPENDITURES	\$ 448.67
		TOTAL UNITEMIZED EXPENDITURES	\$
		TOTAL EXPENDITURES	\$ 448.67

SCHEDULE 2-B

DISBURSEMENTS



THENOS OF VUMUERACES C	Complete Committee Name	VanderLeest
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Instructions for completing schedules are on the back of each schedule. Full Name, Mailing Address and Zip Code Y-T-D Total Date Committee Ethics ID Amount PIWOOSE Number Paper, Ink 45.85 Cutting 20.18 Check if: In-Kind Loan Check if: In-Kind Loan Check if: [In-Kind [Loan Check if: In-Kind Loan Check if: In-Kind Loan Check if: In-Kind L Loan Check if: In-Kind Loan ***End of Report*** SUBTO

TOTAL CONTR

	FINANCE REPOR UTTEES OF WISCO		2131415767>
Is This Report an Amendment: Yes	⊠ No	(S)	RECEIVED SO 20212222
Instructions for completing schedules are on the back	k of each schedule.	69	Sto Ellin 2
COMMITTEE IDENTIFICATION		4 44	30,0
Name of Committee Friends of Todd Delain		(2) Ma	In the Control of the
3838 Conard Ruad		1500	FFICE USE ONLY
New Franken, WI 54229			
Please check if address is different than previously reported, and	complete the Campaign Reg	gistration Statement in the	back of this form.
NAME OF REPORT			
☐ January Continuing ☐ Pre-Primary ☐ July Continuing ☐ Pre-Election ☐ Pre-Electi	Spring]	Fall Special	Termination Report also complete Schedule 4
SUMMARY OF RECEIPTS AND			
DISBURSEMENTS	Column A This Period	Column B Calendar	
1. RECEIPTS	This reflou	Year-To-Date	
1A. Contributions (Including Loans) from Individuals	\$ 3710.°°	\$ 11,836.62	
1B. Contributions from Committees (Transfers-In)	\$ 100.00	\$ 325.00	
1C. Other Income and Commercial Loans	\$ 0	\$ 0	
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 3810.00	\$ 12,161.62	
2. DISBURSEMENTS			
2A. Gross Expenditures	\$ 4275,25	\$ 7,665.61	
2B. Contributions to Committees (Transfers-Out)	\$ 0	\$ 0	
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	s 4275, 25	\$ 7,665.61	
CASH SUMMARY			
Cash Balance Beginning of Report	\$ 4961.26		
Total Receipts	\$ 38 10.00		
Subtotal	\$ 8771.26		,
Total Disbursements	\$ 4275.25		
CASH BALANCE END OF REPORT	\$ 4496.01		
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ 0		
LOANS (Balance at the Close of This Period-3B)	\$ 575.66		
I certify that I have examined this report and to the host of m	w knowledge and helief it is	thus connect and counts	nta.

Type or Print Name of Candidate or Treasurer	Signature of Candidate or Treasurer	Date:	9-17-2018
- bue Porath	Email 5/95/2 Noturail.	COM Daytim	e Phone: 920-562-3387

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.1400, 11.1401, Wis. Stats.

Page of 3

Complete Committee Name Friends of Todd Dygin * September Continuing 2018

Fre			J	
Date Date	r completing schedules are on the back of each sc Full Name, Mailing Address and Zip Code Of Contributor	hedule. ; Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
8/3	Terry DeGrave 237 N. Ronsman Rd		#20	# 20
	Green Bay, W. = 54311			
	Check if: In-Kind Loan Conduit + Ethics ID#			
8/3	Scott Hudgdon 3010 Great Oak Lane	Retired ductor	# 300	# 300
	6: een Bay, WI 54311			
· · · · · · · · · · · · · · · · · · ·	Check if: In-Kind Loan Conduit - Ethics ID#			
8/3	Earlese Runk		#/00	# 100
	551 Fairway (ircle Jefferson, WI 53549			
81	Check if: In-Kind Loan Conduit + Ethics ID#			
8/3	Julie Taylor 808 Rox Street		\$ 50	450
	Kewayner, WI 54216			
	Check if: 📵 In-Kind 📵 Loan 🗎 Conduit – Ethics ID#			
8/3	Craig Junssen 2644 Development Drive		#/25	4/25
	Green Bay, WI 54311			
C. 1	Check if: In-Kind Loan Conduit + Ethics ID#		4	
8/3	Alexander Roitstein	Surgeon	\$ 500	4500
	2411 Wandering Springs Circle Green Bay Wit			
	5431/ Check if: In-Kind Loan Conduit - Ethics ID#			
8/8			# 25	#25
18	Dwight Weber 1580 Van Rd Green Bay WI		' d -	می
	Green Bay WI 54311			
	Check if: In-Kind Loan Conduit Ethics ID#			
1	SUBTOTAL	ITEMIZED CONTRIBUTIONS THIS PAGE	s 1120.00	1120.°0
		TOTAL ITEMIZED CONTRIBUTIONS	\$	_
	TOTAL ANON	IYMOUS CONTRIBUTIONS \$10 OR LESS	s	
	TOTAL CONTRIB	UTIONS RECEIVED FROM INDIVIDUALS	s 1120.00	1120.00

Complete Committee Name
Friends of Todd Delain

	ras of 1099 Main					
Date Date	r completing schedules are on the back of each sc Full Name, Mailing Address and Zip Code	nedule. Cocupation (if year-to-dat	e total exceeds \$200)		ount of	Y-T-D
81	James Fitzgerald	1		Cont	ribution	Total
8/1	1923 Treeland Drive	1		# 2	55	*35
	Green Bay, WI 54304	1 1 1 1				
		1 4 4				
C _r 1	Check if: In-Kind Loan Conduit + Ethics ID#					
8/8	Charleen Kosol	1 1 1		\$5	(3	d 50 ;
/ 0	2783 Nicolet Drive	1 1 1)	•	50.
	Green Bay, WI 54311	1				
	Check if: In-Kind Loan Conduit - Ethics ID#	· · · · · · · · · · · · · · · · · · ·				
8/15	Mark Skyan	Business	Charle	\$ 2	00	# 200
112	Mark Skogen 1724 Lawrence Drive	\$ \$ \$	004.00	2	.00	200
	De Receivet 54115	\$ 1 ((
		; 1 1 1				
	Check if: In-Kind Loan Conduit Ethics ID#				_	
8/16	Margaret Kocken	1 1 1 1		# 0	SO S	[#] 50
110	4251 Woodhoel Circle	1) 				
	Viera, FL 32955	1				
	Check if: In-Kind Loan Conduit - Ethics ID#	-				·
8/	James Lewis	· · ·		# 5	50	[#] 50
/20	James Lewis 2126 Beacher Path	, ; 1 1		ب	,0	
	The Villages, FL 32162	· · ·				
	Check if: In-Kind Loan Conduit + Ethics ID#	, ; ; ; ;				
91	Adam Simpson)) 	•	dl.	` .	ti .
1/20	924 Chicago Street	1 t t 1		# /	OO	4100
	C. D. J.	1 				
	Green Bay, WI 54301	1 1 1 1				
	Check if: In-Kind Loan Conduit - Ethics ID#	2				
8/22	Iracy Holschbach			#/c	7 ()	#100
122	N. 5359 Mullin Ed			()	<i>/</i> O	,00
	Seymour, WI 54165					
	Check if: In-Kind Loan Conduit - Ethics ID#					
	SUBTOTAL	ITEMIZED CONTRIBU	TIONS THIS PAGE	s 5	85,00	585.00
		TOTAL ITEMIZED	CONTRIBUTIONS	S		
	TOTAL ANON	YMOUS CONTRIBUTION	ONS \$10 OR LESS	\$		
	TOTAL CONTRIB	UTIONS RECEIVED FR	OM INDIVIDUALS	\$		

Page 3 of 3

Complete Committee Name
Friends of Todd Delain

<u> </u>	or completing schedules are on the back of each sc			
Date	Full Name, Mailing Address and Zip Code Of Contributor	Cocupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
8/22	John Smits 3441 Shadow Court	Owner Redwood 3230 Mark Street	# 1000	# 1000
-	Creen Bay, WI 54311 Check it: In-Kind I Loan Conduit + Ethics ID#	Green 13ay WI 54311		
8/31	Marilyn Lemerond 300 w. St. Joseph		# 5°0	[#] 50
	Green Bay WI 54301 Check if: [In-Kind [Loan] Conduit - Ethics ID#	Supposed Annual Conference Confer		
8/31	Vi Smithwick 3702 S. Clay Street		[#] 30	* 30
No.	Green Bay, WI 57401 Check if: @In-Kind @Loan@Conduit+Ethics ID#			
8/31	Peggy Shurmur 2687 Longview Ln		#25	\$25
	Suamice WI 54173 Check if: Gin-Kind GLoan Conduit - Ethics ID#			
8/31	Katie Nelson 1307 Royal Blvd Green Bay. WI 54303	Viu President	[#] 900	#900
	Check if: XIn-Kind ☐ Loan☐ Conduit + Ethics ID#			
	Check if: ☐ In-Kind ☐ Loan☐ Conduit – Ethics ID#			:
	Check ii. [GirPixino Giroang Conduit - Curics ID#			
	Check if: ☐ In-Kind ☐ Loan☐ Conduit – Ethics ID#			
	SUBTOTAL	ITEMIZED CONTRIBUTIONS THIS PAGE	s 2005-00	2005.00
		TOTAL ITEMIZED CONTRIBUTIONS	s 3710.°°	3710.00
	TOTAL ANON	YMOUS CONTRIBUTIONS \$10 OR LESS	\$ 0	0
	TOTAL CONTRIB	UTIONS RECEIVED FROM INDIVIDUALS	s 3710.00	3710.00

SCHEDULE 1-B

Check if: In-Kind Loan

Check if: In-Kind Loan

Check if: In-Kind Loan

Check if: 🔲 In-Kind 🔲 Loan

Check if: C In-Kind C Loan

Check if: 🔲 In-Kind 🖂 Loan

Check if: In-Kind Loan

SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE

TOTAL CONTRIBUTIONS (Transfers-in) RECEIVED FROM COMMITTEES

#100

RECEIPTS **Contributions from Committees**

Page	of

	(Transfers-In)	
	tee Name Ads of Todd Dulain * September Co completing schedules are on the back of each schedule.	onthuing 2018
Date	Full Name of Committee, Mailing Address and Zip Code	Amount of Contribution
8/23	Juel C. Kitchens For Assembly P.O. Box 411 Sturgeun Bay, WI Checkif: In-Kind I Loan 54235	#100
	Check if:	

SCHEDULE 1-C

RECEIPTS Other Income and Commercial Loans

Page	ĺ	of	1
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Complete Com	nds of Todd Delain	* September Continu	ung 2018
Instructions I Date	or completing schedules are on the back of each sche Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
			0
,			
The state of the s			
<u> </u>		SUBTOTAL OTHER INCOME THIS PAGE	\$ O
		TOTAL ITEMIZED OTHER INCOME	\$ O
		TOTAL OTHER INCOME	s O

DISBURSEMENTS Gross Expenditures

Page _ l of _ l

Complete Committee Name

Friends of Todd Delain
Instructions for completing schedules are on the back of each schedule.

* September Continuing 2018

Amount Full Name, Mailing Address and Zip Code Specific Purpose of Expenditure Of Person or Business to Whom Payment is Made Pay Pal User expense / fee 8/1 4 / 32 San Jose, CA 95731 (James Fitzgerald) Check if: In-Kind Offset User expense / fee (Mark Skogen) Pay Pal #6.10 8/15 2211 North First Street Jan Jux, CA 9573/ Check it: 1 In-Kind Offset UNI expense / fee # 1.75 Pay Pul 2211 North First Street 8/20 San Jose, CA 95-13/ Check if: 10 In-Kind Offset Northern Electric Inc Campaign Yard signs 4'x8' signs [#]3047, ⁶⁸ 8/28 314 North Dant Ave Green Bay, WI Check if: [] In-Kind Offset 32"x 48" sig ns 8/28 \$ 316.50 Colortech of Wisconsin Inc Campaign Banner 1011 Ashwarbensh Street Green Bay, WI Check it: 1 In-Kind Offset User expense / Fee (Marilyn Lemerond) 8/31 Square 1455 Market Place Suite 600 San Francisus, LA Check if: 回 In-Kind Offset 94103 8/31 Scar Printed T-Shirts 4 900 Nelson Tatical 1317 Velp Ave Grun Bay WI Check if: A In-Kind Offset Check if: In-Kind Offset

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE \$ 4275. 25

TOTAL ITEMIZED EXPENDITURES \$ 4275. 25

TOTAL UNITEMIZED EXPENDITURES \$ 0

TOTAL EXPENDITURES \$ 4275. 25

SCHEDULE 2-B

DISBURSEMENTS Contributions To Committees (Transfers-Out)

Page)	of	İ
3-			

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Complete Committee Name Friends of Todd Delain Instructions for completing schedules are on the back of each schedule.	* September	Contin	ining	Zu 18	
Date Full Name, Mailing Address and	Zip Code	Amo	unt		T-D otal
Check if: ☐ In-Kind ☐ Łoan		C)	C	>
Check if: 🖺 In-Kind 🖟 Loan					
Check if: 🖸 In-Kind 🗖 Loan					j
Check if: 🖂 In-Kind 🖂 Loan					
Check if: 🖂 In-Kind 🔁 Loan					
Check if: 📵 In-Kind 📵 Loan Check if: 📵 In-Kind 📵 Loan					
Check if: 📵 In-Kind 📵 Loan					
Check if: C In-Kind C Loan			***************************************		
	TIONS (Transfers-Out) THIS PAGE	\$ 0		0)

TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES \$

SCHEDULE 3-A

Incurred Obligations Excluding Loans ADDITIONAL DISCLOSURE

	ł		١
Page		of_	<u> </u>

Friends of Todd Delain		_ * Jeptemb	er Continuing	2018	
iristructio	ons for completing schedules are on the back of each	ch schedule.		v	
		Outstanding Balance Beginning This Period	New Obligations or Additions This Period	Cumulative Payments This Period	Outstanding Balance At Close of This Period
Date	Full Name, Mailing Address and Zip Code of Creditor				
1 1		Nature of Debt (Purpose)			
Date	Full Name, Mailing Address and Zip Code of Creditor				
I = I			,		
		Nature of Debt (Purpose)			
Date	Full Name, Mailing Address and Zip Code of Creditor				
1 1					
		Nature of Debt (Purpose)			
Date	Full Name, Mailing Address and Zip Code of Creditor				
/ /					
	·	Nature of Debt (Purpose)			
Date	Full Name, Malling Address and Zip Code of Creditor			-	
1 1					
		Nature of Debt (Purpose)			
Date	Full Name, Mailing Address and Zip Code of Creditor				
1 1					
		Nature of Debt (Purpose)			
Date	Full Name, Mailing Address and Zip Code of Creditor				
1 1	and the second of the second o	1	Ī		
		Nature of Debt (Purpose)			
Date	Full Name, Mailing Address and Zip Code of Creditor		į.		
1 1		,			
		Nature of Debt (Purpose)			
		SUBTOTAL ITEMIZED	OBLIGATIONS THIS PA	AGE \$)
		TOTAL	. ITEMIZED OBLIGATIO	ons \$ C)
		TOTAL UNITEMIZED OF	BLIGATIONS \$20 OR LI	ESS \$ C)
		TOTAL	NCURRED OBLIGATION	ons s)

SCHEDULE 3-B

Loans Individual, Committee or Commercial ADDITIONAL DISCLOSURE

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Page		of	

Instructions for completing schedules are on the back of each schoolde. Full Name, Mailing Address and Zip Code of Loan Source Occupation Full Name, Mailing Address and Zip Code Occupation Amount Guaranteed Outstanding Sequence of Guaranteer Occupation Amount Guaranteed Outstanding Sequence of Guaranteer Outstanding Sequence of Guaranteer Occupation Amount Guaranteed Outstanding Sequence Occupation Occupati	Complete Committee Name Friends of Todd Delair	`		* 5	eptember (ini	ating in	nie.
Full Name, Mailing Address and Zip Code of Loan Source Cottstanding Cottsta					-,	1	2011
Date 3838 Convord Read September This Period September	Full Name, Mailing Address and Zip Code of Loan	Source	Outstand	dina	<u> </u>	Cumulativa	
Full Name, Mailing Address and Zip Code of Guarantor Full Name, Mailing Address and Zip Code of Guarantor Full Name, Mailing Address and Zip Code of Loan Source Occupation Amount Guaranteed Outstanding S Full Name, Mailing Address and Zip Code of Loan Source Outstanding Chilgations Beginning of This Period Period Occupation Occupation Amount Guaranteed Outstanding S Full Name, Mailing Address and Zip Code of Guarantors Full Name, Mailing Address and Zip Code of Guarantors Full Name, Mailing Address and Zip Code of Guarantors Full Name, Mailing Address and Zip Code of Guarantors Full Name, Mailing Address and Zip Code of Guarantors Full Name, Mailing Address and Zip Code of Guarantors Full Name, Mailing Address and Zip Code of Guarantors Full Name, Mailing Address and Zip Code of Guarantors Full Name, Mailing Address and Zip Code of Guarantors Full Name, Mailing Address and Zip Code of Guarantors Full Name, Mailing Address and Zip Code of Guarantors Full Name, Mailing Address and Zip Code of Guarantors Full Name, Mailing Address and Zip Code Occupation Amount Guaranteed Outstanding S Full Name, Mailing Address and Zip Code Occupation Amount Guaranteed Outstanding S Full Name, Mailing Address and Zip Code Occupation Amount Guaranteed Outstanding S Full Name, Mailing Address and Zip Code Occupation Amount Guaranteed Outstanding S Full Name, Mailing Address and Zip Code Occupation Amount Guaranteed Outstanding S Amount Guaranteed Ou	Todd Delain		Obligation	ons	New Loans This	Payments	Obligations
Full Name, Mailing Address and Zip Code of Guarantor Full Name, Mailing Address and Zip Code of Guarantor Full Name, Mailing Address and Zip Code of Loan Source Occupation Amount Guaranteed Outstanding S Full Name, Mailing Address and Zip Code of Loan Source Outstanding Chilgations Beginning of This Period Period Occupation Occupation Amount Guaranteed Outstanding S Full Name, Mailing Address and Zip Code of Guarantors Full Name, Mailing Address and Zip Code of Guarantors Full Name, Mailing Address and Zip Code of Guarantors Full Name, Mailing Address and Zip Code of Guarantors Full Name, Mailing Address and Zip Code of Guarantors Full Name, Mailing Address and Zip Code of Guarantors Full Name, Mailing Address and Zip Code of Guarantors Full Name, Mailing Address and Zip Code of Guarantors Full Name, Mailing Address and Zip Code of Guarantors Full Name, Mailing Address and Zip Code of Guarantors Full Name, Mailing Address and Zip Code of Guarantors Full Name, Mailing Address and Zip Code of Guarantors Full Name, Mailing Address and Zip Code Occupation Amount Guaranteed Outstanding S Full Name, Mailing Address and Zip Code Occupation Amount Guaranteed Outstanding S Full Name, Mailing Address and Zip Code Occupation Amount Guaranteed Outstanding S Full Name, Mailing Address and Zip Code Occupation Amount Guaranteed Outstanding S Full Name, Mailing Address and Zip Code Occupation Amount Guaranteed Outstanding S Amount Guaranteed Ou	Date 3838 Conard Read		Period			inis Period	End of This Period
Amount Guaranteed Outstanding Full Name, Mailing Address and Zip Code Full Name, Mailing Address and Zip Code of Loan Source Pull Name, Mailing Address and Zip Code of Loan Source Outstanding Date	List All Endorsers or Guarantors (if any)	54229	575	- 66	0	0	575.66
Amount Guaranteed Outstanding Full Name, Mailing Address and Zip Code Full Name, Mailing Address and Zip Code of Loan Source Pull Name, Mailing Address and Zip Code of Loan Source Outstanding Date	Full Name, Mailing Address and Zio Code	Toom					
Full Name, Mailing Address and Zip Code of Guaranter Pull Name, Mailing Address and Zip Code of Loan Source Outstanding	of Guarantor	Occupation					
Full Name, Mailing Address and Zip Code of Loan Source Pull Name, Mailing Address and Zip Code of Loan Source Outstanding Obligations Period Period Period Outstanding Obligations Period Period Outstanding Outstandi		Amount Guarant	teed Outstanding			7/10/2014	
Amount Guaranteed Outstanding Full Name, Mailing Address and Zip Code of Loan Source Outstanding Obligations Beginning of This Period Period Period Outstanding Obligations Beginning of This Period Period Period Outstanding Obligations Beginning of This Period Period Outstanding Obligations Outstanding Obligations Outstanding Obligations Outstanding Obligations Outstanding Ou		\$					
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Full Name, Mailing Address and Zip Code of Loan Source Date	of Guarantor	Occupation			-		
Full Name, Mailing Address and Zip Code of Loan Source Outstanding Obligations Seglining of This Period Date / / / List All Endorsers or Guarantors (if any) Full Name, Mailing Address and Zip Code of Loan Source Occupation Amount Guaranteed Outstanding Seglining of This Period Full Name, Mailing Address and Zip Code of Loan Source Occupation Full Name, Mailing Address and Zip Code of Loan Source Outstanding Obligations Seglining of This Period Full Name, Mailing Address and Zip Code of Loan Source Outstanding Obligations Degraning of This Period Full Name, Mailing Address and Zip Code of Loan Source Outstanding Obligations Period Period Full Name, Mailing Address and Zip Code of Loan Source Outstanding Obligations Period Full Name, Mailing Address and Zip Code of Loan Source Occupation Amount Guaranteed Outstanding S Full Name, Mailing Address and Zip Code of Guarantor Amount Guaranteed Outstanding S Full Name, Mailing Address and Zip Code Occupation Amount Guaranteed Outstanding S Full Name, Mailing Address and Zip Code Occupation Amount Guaranteed Outstanding S Amount Guaranteed Outstanding Amount Guaranteed Outstanding	1 1	Amount Guarant	eed Outstanding				
Date / / / List All Endorsers or Guarantors (if any) Full Name, Mailing Address and Zip Code of Loan Source Occupation Amount Guaranteed Outstanding Seginning of This Period Occupation Amount Guaranteed Outstanding Seginning of This Period Occupation Amount Guaranteed Outstanding Seginning of This Period Occupation Seginning of This Seginni	{ 	S					
Date / / / List All Endorsers or Guarantors (if any) Full Name, Mailing Address and Zip Code of Loan Source Occupation Amount Guaranteed Outstanding S Full Name, Mailing Address and Zip Code of Loan Source Oligations Period New Loans This Period Period New Loans This Period Period O' This Period Occupation Amount Guaranteed Outstanding S Full Name, Mailing Address and Zip Code of Loan Source Occupation Outstanding S Outstanding S Outstanding Obligations Beginning of This Period Period New Loans This Period Diligations Beginning of This Period Obligations Period Occupation Amount Guaranteed Outstanding S Full Name, Mailing Address and Zip Code of Loan Source Occupation Outstanding Obligations Beginning of This Period Outstanding Obligations Period Period New Loans This Period Diligations End of This Period Full Name, Mailing Address and Zip Code Occupation Amount Guaranteed Outstanding S S Full Name, Mailing Address and Zip Code Occupation Amount Guaranteed Outstanding S Amount Guaranteed Outstanding S Amount Guaranteed Outstanding S Amount Guaranteed Outstanding S							
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Full Name, Mailing Address and Zip Code of Loan Source Date	of Guarantor	Occupation					
Full Name, Mailing Address and Zip Code of Loan Source Outstanding Obligations Beginning of This Period Date I I List All Endorsers or Guarantors (if any) Full Name, Mailing Address and Zip Code of Guarantor Amount Guaranteed Outstanding S Full Name, Mailing Address and Zip Code Amount Guaranteed Outstanding Amount Guaranteed Outstanding Amount Guaranteed Outstanding Amount Guaranteed Outstanding		Amount Guarante	ed Outstanding				
Date / / List All Endorsers or Guarantors (if any) Full Name, Mailing Address and Zip Code of Guarantor Amount Guaranteed Outstanding \$ Coccupation Amount Guaranteed Outstanding		s					
Date / / List All Endorsers or Guarantors (if any) Full Name, Mailing Address and Zip Code of Guarantor Amount Guaranteed Outstanding \$ Coccupation Amount Guaranteed Outstanding	Full Name Mailing Address and Zin Code of Loan S	- Curan	T				
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Full Name, Mailing Address and Zip Code Occupation Guarantor Amount Guaranteed Outstanding	Full Name, Mailing Address and Zip Code of Guarantor	Occupation					
Full Name, Mailing Address and Zip Code Occupation Amount Guaranteed Outstanding		Amount Guarantee	ed Outstanding				:
of Guarantor Amount Guaranteed Outstanding		s	_				70.00
of Guarantor Amount Guaranteed Outstanding	Full Name, Mailing Address and Zip Code	Occupation					
· · · · · · · · · · · · · · · · · · ·	of Guarantor	Occupation					
8	•	Amount Guarantee	ed Outstanding			·	
		\$					-
							···-

End of Report

SUBTOTAL OUTSTANDING LOANS THIS PAGE | \$ 575. 66

TOTAL OUTSTANDING LOANS \$ 575.

1				12300
CAMPAIGN	14.25.26.27.28.20	RECE		
LOCAL COMM	RECEIVE			
Is This Report an Amendment: Yes	2627	Sandra L. Juno Ovin Country C.		
Instructions for completing schedules are on the back	Sandra L. Juno			
COMMITTEE IDENTIFICATION Name of Committee	Own County Clerk			
FRIENDS OF TEM MOMAS Street Address 3442 FINGER ROAD City, State and Zip Code GREEN BAY, WZ S4311			100	FICE USE ONLY
Street Address		S-CONTINUES STATE OF THE STATE	OF	FICE USE ONLY
City, State and Zip Code			4	
GREEN BAY, WZ SY311				
Please check if address is different than previously reported, and	complete the Campaign Reg	istration State	ment in the b	ack of this form.
NAME OF REPORT		·		
☐ January Continuing ☐ Pre-Primary ☐ July Continuing ☐ Pre-Election ☐ Pre-Electi	Spring 1	Fall [] S	Special	Termination Report also complete Schedule 4
SUMMARY OF RECEIPTS AND	Column A	Colur	nn B	
DISBURSEMENTS	This Period	Cale	ndar	
1. RECEIPTS		Year-To	o-Date	
1A. Contributions (Including Loans) from Individuals	\$ 1,788.50	\$ 6,79	5.63	
1B. Contributions from Committees (Transfers-In)	\$ 0	\$ 0		
1C. Other Income and Commercial Loans	\$ 0	\$ 0		P
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 1758.50	\$ 6,795	5.63	
2. DISBURSEMENTS				
2A. Gross Expenditures	\$ 1,620.56	\$ 592	2.37	
2B. Contributions to Committees (Transfers-Out)	\$ 0	\$ 0		
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 1620.56	\$ 59	22.37	
CASH SUMMARY				
Cash Balance Beginning of Report	\$ 705.32			
Total Receipts	\$ 1788.50			
Subtotal	\$ 2493.82			
Total Disbursements	\$ 1620.56			
CASH BALANCE END OF REPORT	\$ 873. 26			
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	s 0			
LOANS (Balance at the Close of This Period-3B)	\$ 0			

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer	Signature of Candidate or Treasurer	Date: 09-03-18
	simtly form	
TIMOTHY P THOMAS	Email ELECT THOMAS @ YAHOO. COM	Daytime Phone: 920 321- 4532

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.1400, 11.1401, Wis. Stats.

Complete Committee Name

FRZENAS OF TIM TWO MES

Instructions for completing schedules are on the back of each schedule. ; Occupation (if year-to-date total exceeds \$200) Amount of Y-T-D Contribution Total TIMOTHY THOMS DEPUTY SHENZER 3442 FINGER ROSS Green 247, WZ 54311 Check if: In-Kind C Loan Conduit - Ethics ID# JURY WITTEL 08/01/18 Green Bry, WZ 54302 Check if: ☐ In-Kind ☐ Loan☐ Conduit – Ethics ID# ROSE DYER 08/10/18 GREEN BAY WI 54311 100 100 Check if: In-Kind Loan Conduit - Ethics ID# 08/13/18 Green BM, wz 5434 DEPUTY SHERZIFF 2,902 29 80 1098 Check if: In-Kind Loan Conduit - Ethics ID# JUDY FRITZ 2120 SUMMYHEDE LNI GREEN BAY, WZ 513 [] 40 Check if: In-Kind Loan Conduit - Ethics ID# 8/24/18 837 LJEBANN CT Green Bry, WZ 54302 Check if: In-Kind Loan Conduit - Ethics ID# DAVIEL TUNG Great gm, wz 54313 Check if: In-Kind Loan Conduit - Ethics ID# \$ 1498,50 SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE \$ 1788,50 TOTAL ITEMIZED CONTRIBUTIONS **TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS** TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS | \$ 1788,50

Page $\underline{\lambda}$ of $\underline{\lambda}$

Complete Committee	Name				
FRZENOS	0/-	Ting	Twoards		
Instructions for cor	npleting	g schedule	es are on the back	of each schedule.	

Date	Full Name, Maiting Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
	JUAY WITTE			
Blanka	837 LIEBMAN CZ		or	05
8/23/18	837 LIEBMAN CT Green Bry, WZ 54302		40	115
	0 -20 0 11 1 31307		,,	
	Check if: In-Kind Loan Conduit - Ethics ID#			
	WILLIAM KRESS	CFO Green BM PALKAGING		
	PO BOX 19017	Green BM PALKAGING	7-00	00
8/30/18	PO BOX 19017 Green Bry wz 54307	, , , , , , ,	2500	250
10 /10				
	Check if: In-Kind Loan Conduit – Ethics ID#			
nie Warten				
Total de Antiesses				
no-m _e -man-man-man-man-man-man-man-man-man-man				
	Check if: In-Kind Loan Conduit – Ethics ID#			
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and the second				
	Check if: In-Kind Loan Conduit – Ethics ID#			

On the state of th				

A PERSONAL PROPERTY AND A PERS				
1	Check if: 🔲 In-Kind 🗍 Loan 🖟 Conduit – Ethics ID#			****
			A PART A	
	Check if: In-Kind Loan Conduit – Ethics ID#			
	Check if: In-Kind Loan Conduit - Ethics ID#			
	SUBTOTAL	\$ 290		
		\$ 1788,SD		
	TOTAL ANON	\$	· · · · · · · · · · · · · · · · · · ·	
		UTIONS RECEIVED FROM INDIVIDUALS	\$ 1793,50	
	TOTAL CONTRIB	- " " " " " " " " " " " " " " " " " " "		

DISBURSEMENTS Gross Expenditures

Page ___ of ___

Complete Committee Name

FRZENDS OF TIM Thomas

Instructions for completing schedules are on the back of each schedule.							
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount				
8/01/18	LUNAR STUDIO LLC. 1726 JONA THAN COURT DR PRIL WZ SYIIS Check if: 10 In-Kind Offset	GRAPAIC ARTIST WORK	\$40				
08/01/18	OFFICE DEPOT J350 E. MASON ST. CREEN BAY, WZ SY301 Check if: 11 In-Kind Offset	COPFES & FLYERS	134 70				
08/01/18	ACT BLUE P.O. BOX 441146 SOMERVILLE, MA 02147 Check if: 1 In-Kind Offset	ALOUNT FEE	1,39				
8/10/18	ACT BLUE RO. BEX 441146 SOMERVILLE, MA 02144 Check if: 1 In-Kind Offset	ACLOUNT FRE	3 25				
\$13/18	VICTORY STORE SDOO SW 30TH STREET DAVENPORT, IDWA 52802 Check if: In-Kind Offset	Campa Fan Sians	1,098				
8/08/18	PRINT RUNNER SOSO HASKEN AVE VAN NUYS, CA 91406 Check if: 1 In-Kind Offset	CAMPATEN STICKERS	332				
3/26/18	P.O. BOX 441146 SOMERVEUE, MA ODI44	ACCOUNT FEE	9.65				
	Check if:						
	\$ 1620 56 \$ 1620 56						
	\$ 1620 56						

TOTAL UNITEMIZED EXPENDITURES

End of Report

TOTAL EXPENDITURES \$ 1620



RECEIPTS Contributions from Committees (Transfers-In)

	(Transfers-In)		
Complete Commit	lee Name		
Instructions for	completing schedules are on the back of each schedule.		
Date	Full Name of Committee, Mailing Address and Zip Code	Committee Ethics ID Number	Amount of Contribution
			_
		7 mm 1 mm	
	Check if: 🖂 In-Kind 🖸 Loan		
	Check if: C In-Kind C Loan		
	Check if: In-Kind I Loan		
	Check if: [In-Kind Loan		
	CHECK II. [L] III-KIIIU [L] LOAII		
	Check if: 🔲 In-Kind 🗓 Loan		
	Check if: C In-Kind C Loan		
	Check if: C n-Kind C Loan		
	Check if: [] In-Kind [] Loan		
	Check if: [E] In-Kind [E] Loaл		
	SUBTOTAL CONTRIBUTIONS (Tr	ansfers-in) THIS PAGE	\$
	,	, 2.1.19	

TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES | \$



RECEIPTS Other Income and Commercial Loans

Page	of	

Complete Con	omittee Name		
Instructions i	or completing schedules are on the back of each sche	dule.	
Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
	1141141114 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
-			
		SUBTOTAL OTHER INCOME THIS PAGE	\$
		TOTAL ITEMIZED OTHER INCOME	\$
		TOTAL OTHER INCOME	\$



DISBURSEMENTS Contributions To Committees (Transfers-Out)

Page	 of
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Complete Commi	itee Name			
Instructions for	completing schedules are on the back of each schedule.			
Date	Full Name, Mailing Address and Zip Code	Committee Ethics ID Number	Amount	Y-T-D Total
	Check if: C In-Kind C Loan			
	Check ii. jej ii-kiile jej coan			
	Check if: 📵 In-Kind 🖸 Loan			
	Check if: C In-Kind C Loan			
	Check if: [] In-Kind [] Loan			
	Check if: C In-Kind C Loan			
	Check if: [In-Kind [Loan			
	Check if: E In-Kind E Loan			
	Check if: E In-Kind E Loan			
	Check if: C In-Kind C Loan			
	SUBTOTAL CONTRIBUTIONS (T	ransfers-Out) THIS PAGE	\$	
	TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES	\$	



Complete Committee Name

Incurred Obligations Excluding Loans ADDITIONAL DISCLOSURE

Page_	of
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Instruction	s for completing schedules are on the back of each	schedule.				
		Outstanding Balance Beginning This Period	New Obligations or Additions This Period	Cumula Tr	itive Payments nis Period	Outstanding Balance At Close of This Period
Date	Full Name, Mailing Address and Zip Code of Creditor					
1 /						
		Nature of Debt (Purpose)				
Date	Full Name, Mailing Address and Zip Code of Creditor					
1 1						
		Nature of Debt (Purpose)				
Date	Full Name, Mailing Address and Zip Code of Creditor					
1 1		-				
		Nature of Debt (Purpose)	/			
Date	Full Name, Mailing Address and Zip Code of Creditor					
1 1		Nature of Debt (Purpose)				
		(Yature of Debt (Purpose)				
Date	Full Name, Mailing Address and Zip Code of Creditor	1				
1 1						
		Nature of Debt (Purpose)			110111111111111111111111111111111111111	-
Date	Full Name, Mailing Address and Zip Code of Creditor					
1 1						
. ,		Nature of Debt (Purpose)				
			<u>, </u>			
Date	Full Name, Mailing Address and Zip Code of Creditor					
1 1		Nature of Debt (Purpose)				
		Mature of Dept (Fulpose)				
Date	Full Name, Mailing Address and Zip Code of Creditor					
1 1						
		Nature of Debt (Purpose)				
	1	SUBTOTAL ITEMIZE	D OBLIGATIONS THIS	PAGE	\$	
		TOTAL ITEMIZED OBLIGATIONS			\$	
		TOTAL UNITEMIZED OBLIGATIONS \$20 OR LESS			\$	
			L INCURRED OBLIGA		\$	
		=			l	



Loans Individual, Committee or Commercial ADDITIONAL DISCLOSURE

Page	 of	

Complete Committee Name					
Instructions for completing schedules are on the back of each schedule. Full Name, Malling Address and Zip Code of Loan Source Date / / /		Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
List All Endorsers or Guarantors (if any)					
Full Name, Mailing Address and Zip Code of Guarantor	Occupation Amount Guarantee	ed Outstanding			
Full Name, Mailing Address and Zip Code of Guarantor	Occupation Amount Guarantee \$	ed Outstanding			
Full Name, Mailing Address and Zip Code of Loan Sou Date / /	I	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
List All Endorsers or Guarantors (if any)					
Full Name, Mailing Address and Zip Code of Guarantor	Occupation Amount Guarantee \$	ed Outstanding			
Full Name, Mailing Address and Zip Code of Guarantor	Occupation Amount Guarantee S	ed Outstanding			
Full Name, Mailing Address and Zip Code of Loan Sou	I Irce	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
List All Endorsers or Guarantors (if any)					
Full Name, Mailing Address and Zip Code of Guarantor	Occupation Amount Guarante	ed Outstanding			
Full Name, Mailing Address and Zip Code of Guarantor	Occupation Amount Guarante	ed Outstanding			
		SUBTOTAL C	OUTSTANDING LOA	INS THIS PAGE	